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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number 10811239	Filing Date 03/26/04	
						Applicant(s)		
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1							
2		1						
3	1	1						
4	1	1						
5		4						
6		4						
7		4						
8		4						
9		4						
10		4						
11		4						
12	1							
13		1						
14		1						
15		3						
16		3						
17		3						
18		3						
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35								
36								
37	1	20						
38		52						
39		2						
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Total Indep								
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